

# CECIL TOWNSHIP

## Application for Rezoning / Curative Amendment

**READ CAREFULLY** any omissions may delay processing of your application. All information below must be complete and requested attachments must accompany the application or the filing may be denied.

**The following information must be submitted with the application:**

### **Washington County Planning Commission:**

All requests for rezoning must be submitted to the Washington County Planning Commission for review at least 30 days prior to a public hearing before the Township Supervisors. The Washington County Planning Commission can be reached at 724-228-6811.

Date of submission to County: \_\_\_\_\_

**Application checklist:** All the following must be complete and or included before the application can be processed.

- ☐ The application has been completely filled out.
- ☐ Application made to Washington County Planning Commission for recommendation.
- ☐ The appropriate fee of \$300.00 is attached.
- ☐ A complete list of all property owners within three hundred feet (300') of the exterior limits of the property.
- ☐ Eight (8) copies of an area map prepared by an engineer, surveyor, or other competent party showing all lots and streets, meets and bounds in the area to be rezoned and within the surrounding one-quarter-mile (1/4) radius.
- ☐ The application is signed by all registered owners of property requesting to be rezoned.
- ☐ **If applicant is other than property owner, written Power of Attorney or sales agreement must be attached.**
- ☐ A narrative statement on how the proposed amendment is consistent with the comprehensive plan.
- ☐ Each property owner must sign the application in the appropriate space. Use additional applications as necessary. **Properties must be contiguous to be considered as one application.**

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*For Township Use*

☐ Accepted for filing.

☐ Denied for filing:(See information in red above)

Date Accepted for Filing: \_\_\_\_\_ Hearing Deadline Date: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Fee paid: \_\_\_\_\_

Check No. \_\_\_\_\_

Receipt # \_\_\_\_\_

**Code Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Cecil Township

File No. \_\_\_\_\_

## Application for Change of Zoning Classification / Curative Amendment

**Applicant:** \_\_\_\_\_ **Affiliation to Owner/s:** \_\_\_\_\_

Applicants Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Properties requesting to be rezoned

*(Each property owner must signs on the appropriate line. Use additional applications if required)*

**Property Owner 1:** \_\_\_\_\_ Parcel Id. \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Existing zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_ Acreage: \_\_\_\_\_ Requested Change: \_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner 2:** \_\_\_\_\_ Parcel Id. \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Existing zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_ Acreage: \_\_\_\_\_ Requested Change: \_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner 3:** \_\_\_\_\_ Parcel Id. \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Existing zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_ Acreage: \_\_\_\_\_ Requested Change: \_\_\_\_\_

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I hereby certify that the above information is true and complete to the best of my knowledge and I further agree to comply with all rules, regulations, resolutions and ordinances of Cecil Township.*

Print Applicant Name	Affiliation	Signature of Applicant	Date
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*For Township Use*

Planning Commission review date: \_\_\_\_\_ Recommended for: \_\_\_\_\_

Comments: \_\_\_\_\_

Supervisors Decision Date: \_\_\_\_\_ Decision: \_\_\_\_\_ Comments: \_\_\_\_\_

## **Additional Criteria for Rezoning to SD (Special Development) Abutting Southpointe**

**The following supporting documentation must accompany the application for SD.**

1. The traffic generated by the proposed use of the property can be accommodated by the existing transportation network.
2. The proposed use of the property can be accommodated by the existing capacity of the Canonsburg Sewage Treatment Plant or the applicant shall demonstrate that agreements have been made to upgrade the capacity to accommodate the development.
3. The proposed rezoning will not result in any negative environmental, visual or other impacts on adjoining residential property.
4. The proposed rezoning will preserve the rural atmosphere of the adjoining properties, which are zoned, R-1.
5. The topography of the site proposed for rezoning is such that there are visual buffers from adjoining residential properties.
6. The topography of the site proposed for rezoning is such that the site is easily accessible from the transportation network serving Southpointe, including the I-79 Interchange.
7. Priority will be given to those sites that are visible from Interstate 79 and/or from other nonresidential portions of the Southpointe development to the extent feasible.
8. Expansion of nonresidential zoning classifications in the vicinity of Southpointe should follow the North-South alignment of the Interstate 79 corridor.

Applications for rezoning must be submitted no later than the Planning Commission filing deadline or the second Thursday of the month. The application will be placed on the agenda for the following month's Planning Commission meeting for recommendation, after which a Public Hearing, will be held on a date to be determined by the Township Supervisors, at the next regular monthly meeting.